

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Devices And Methods For Detecting And Treating
Inadequate Tissue Perfusion

Attorney Docket Number:: 021628-001010US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: G.
Family Name:: Benditt
Name Suffix::
City of Residence:: Edina
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address::
City of Mailing Address:: Edina
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: P.
Family Name:: Brockway
Name Suffix::
City of Residence:: Shoreview
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address::
City of Mailing Address:: Shoreview
State or Province of mailing address:: MN

Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: R.
Family Name:: Wilson
Name Suffix::
City of Residence:: Arden Hills
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address::
City of Mailing Address:: Arden Hills
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application claims benefit under 35 U.S.C. §119(e)	of U.S. Provisional Application	60/454,951	March 12, 2003